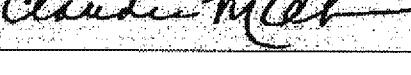


|   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> <b>SUMMONS FOR DEFENDANT</b><br><input checked="" type="checkbox"/> <b>SUMMONS FOR WITNESS</b>   |  | DOCKET NUMBER<br>[REDACTED]  | <b>Trial Court of Massachusetts<br/>District Court Department</b>   |  |
| SESSION: [SEVERITY CODE]  |  | NAME AND ADDRESS OF COURT DIVISION   |   | YOU MUST<br>APPEAR AT<br>THIS COURT<br>ADDRESS ON<br>THE DATE<br>AND TIME<br>SPECIFIED<br>HEREIN |
| NAME, ADDRESS AND ZIP CODE OF DEFENDANT   |  | Taunton Trial Court<br>40 Broadway<br>Taunton, MA 02780  |   |  |
| <b>Commonwealth vs. [REDACTED]</b>  |  | DATE AND TIME OF APPEARANCE<br>Jury Trial<br><b>May 8, 2012 at 08:30 AM</b>  |   |  |
|   |  | DATE   | TIME  |  |
| NAME, ADDRESS AND ZIP CODE OF WITNESS<br><b>KATE CORBETT, CHEMIST<br/>C/O STATE LAB INSTITUTE<br/>305 south st<br/>boston, MA 02130</b>   |  | OFFENSE(S)<br>CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG,<br>POSSESS CLASS C c94C §34, DRUG, POSSESS CLASS E c94C<br>§34, HEROIN, BEING PRESENT WHERE KEPT c94C §35 and<br>HEROIN/MORPHINE/OPIUM, TRAFFICKING IN c94C §32E(c) |   |  |
| <p><b>TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:</b><br/>     You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable age and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.</p> <p>NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.</p> <p>To the above named    <input type="checkbox"/> Defendant    <input checked="" type="checkbox"/> Witness:<br/>     You are hereby ordered to appear in this Court on the appearance date noted above.<br/> <input type="checkbox"/> To answer to a criminal complaint charging you with the offense(s) listed above.<br/> <input checked="" type="checkbox"/> To give evidence and testify on behalf of the <input checked="" type="checkbox"/> Commonwealth    <input type="checkbox"/> Defendant<br/>     in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:<br/> <br/> [REDACTED]</p> <p style="text-align: center;"><b>Please check in at the victim/witness desk located on the 3<sup>rd</sup> floor</b></p> |  |  |   |  |
| <b>WITNESS:</b><br>FIRST JUSTICE<br>Hon. Kevin J. Cunningham  |  | DATE OF ISSUE<br>April 20, 2012  | CLERK-MAGISTRATE<br> |  |
| <b>RETURN OF SERVICE</b>  |  |  |   |  |
| <p>I hereby certify that I served the within summons upon the above named    <input type="checkbox"/> Defendant    <input type="checkbox"/> Witness by</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Delivering a copy of it personally to the defendant or witness.</li> <li><input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein.</li> <li><input type="checkbox"/> Mailing a copy of it to the last known address of the defendant or witness.</li> <li><input type="checkbox"/> I received the summons on _____ but I was unable to make service because: _____</li> </ul>   |  |  |   |  |
| DATE RECEIVED   |  |  |   |  |
| DATE OF SERVICE   |  | SIGNATURE OF PERSON MAKING SERVICE   |   | TITLE OF PERSON MAKING SERVICE   |

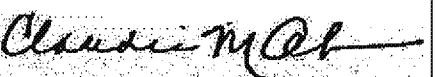
|   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> <b>SUMMONS FOR DEFENDANT</b>   | <input checked="" type="checkbox"/> <b>SUMMONS FOR WITNESS</b> | DOCKET NUMBER<br>[REDACTED]  | <b>Trial Court of Massachusetts<br/>District Court Department</b> |  |
| SESSION: [SEVERITY CODE]  |  | NAME AND ADDRESS OF COURT DIVISION<br><br>Taunton Trial Court<br>40 Broadway<br>Taunton, MA 02780  |   | YOU MUST<br>APPEAR AT<br>THIS COURT<br>ADDRESS ON<br>THE DATE<br>AND TIME<br>SPECIFIED<br>HEREIN |
| NAME, ADDRESS AND ZIP CODE OF DEFENDANT<br><br><b>Commonwealth vs.</b> [REDACTED]   |  | DATE AND TIME OF APPEARANCE<br><br>Jury Trial<br><b>May 8, 2012 at 08:30 AM</b>  |   |  |
|   |  | DATE   | TIME  |  |
| NAME, ADDRESS AND ZIP CODE OF WITNESS<br><br>KATE CORBETT, CHEMIST<br>C/O STATE LAB INSTITUTE<br>305 south st<br>boston, MA 02130 |  | OFFENSE(S)<br><br>CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG,<br>POSSESS CLASS C c94C §34, DRUG, POSSESS CLASS E c94C<br>§34, HEROIN, BEING PRESENT WHERE KEPT c94C §35 and<br>HEROIN/MORPHINE/OPIUM, TRAFFICKING IN c94C §32E(c) |   |  |

To the above named     Defendant     Witness:

You are hereby ordered to appear in this Court on the appearance date noted above.

- To answer to a criminal complaint charging you with the offense(s) listed above.  
 To give evidence and testify on behalf of the  Commonwealth  Defendant  
in the matter described above, and to appear from time to time and day to day  
thereafter as ordered. You are further required to bring with you:

**Please check in at the victim/witness desk located on the 3<sup>rd</sup> floor**

|                 |   |                                     |   |
|-----------------|---|-------------------------------------|---|
| <b>WITNESS:</b> | FIRST JUSTICE<br><br>Hon. Kevan J. Cunningham | DATE OF ISSUE<br><br>April 20, 2012 | CLERK-MAGISTRATE<br><br> |
|-----------------|---|-------------------------------------|---|

#### **WARNING TO DEFENDANT OR WITNESS**

Failure to appear in accordance with this summons may result in the issuance of  
a warrant for your arrest. Please bring this document with you to court.

#### **ATENCION:**

Esta es una notificación oficial de la corte.  
Si usted no sabe leer inglés, obtenga traducción !

|                 |                                    |                                |
|-----------------|------------------------------------|--------------------------------|
| DATE OF SERVICE | SIGNATURE OF PERSON MAKING SERVICE | TITLE OF PERSON MAKING SERVICE |
|-----------------|------------------------------------|--------------------------------|